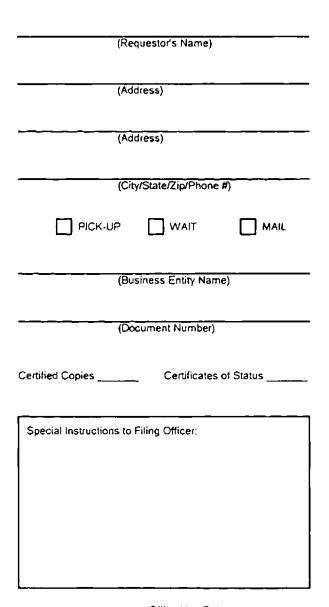
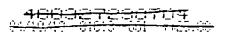
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P. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOLLSTA'S Flite House hold Services Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Vanira Batista Name of Person
Patiste's Elite Household Services
442 Commodire tre
City/State and Zip Code Coty/State and Zip Co
For further information concerning this matter, please call;
Name of Person at (813), 944-7389 Area Code: Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution S

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

musta's En	te Household Services 10 PH 6:25
(Name of the Lim	ited Liability Company as it now appears on our records:) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on OHOALA and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)
B. If amending the registered agent and registered agent and/or the new registered of	Nor registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent:	Yanira Batista
New Registered Office Address:	Enter Florida street address
	NN Palm Buy Florida FL 32907
New Registered Agent's Signature, if changing	Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is cing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Vivian Batista	442 Commodore tue	
		NW, Palm Buy, Fl 32	
			Change
nc-R	Yanira Batista	442 Commodore Ave	Add
·	1	NW: ParmBry, FL	
		32401	Change
			Add
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an effe <u>lote:</u>	cetive date, if other than the date of filing:	5.02 (ed :
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er
ated_	01/08/2019 April 8m 2019	
	Signature of a member or authorized representative of a member	
	entitions are a memory of approvious relumentation of a michibet	

Page 3 of 3

Filing Fee: \$25.00